

August 31, 2015

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

Re: WC Docket No. 11-42: Lifeline and Link Up Reform and Modernization, Telecommunications Carriers Eligible for Universal Service Support, Connect America Fund; Proposed rule – FCC 15-71 – NOTICE OF EX PARTE PRESENTATION

Dear Chairman Wheeler,

On behalf of Medicaid Health Plans of America (MHPA), we thank you for this opportunity to provide comments on the proposed rule overhauling the Lifeline program to guard against fraud, waste, and abuse and address streamlined eligibility. In response to the Commission's request for information around the effect of changes to eligibility for Lifeline phones on the Medicaid program, MHPA would like to share some thoughts about how Medicaid managed care organizations (MCOs) utilize Lifeline phones for beneficiaries, the health outcomes associated with their use in different case management programs, and the implications of eliminating Medicaid as a component of household eligibility criteria for the program.

MHPA is the leading national trade association representing Medicaid managed care plans, ranging from multi-state, for-profit plans to small, non-profit plans. MHPA's 124 health plan members serve the nation's poorest, most vulnerable population across 34 states and D.C. Through the use of robust care coordination and case management and innovative programs that keep individuals and families healthy, manage chronic diseases, and avoid expensive hospital stays, MHPA plans proudly manage care for over 22 million Medicaid enrollees. Additionally, MHPA plans meet quality measures and implement quality improvement projects that produce positive health outcomes. Through our health plans' partnership with state Medicaid agencies, MHPA health plans provide valuable cost savings and budget predictability to states during a time of sweeping changes to our health care system, uncertainty and tight budgets.

MHPA supports efforts to provide Medicaid beneficiaries with access to quality, value-based health benefits. Lifeline phones are an integral, robust mechanism by which our health plans can engage beneficiaries, coordinate their care, and provide access to unique case management programs with demonstrated outcomes like Connect4health. We strongly support maintaining Medicaid eligibility among the eligibility criteria for Lifeline phones. If households no longer qualify for Lifeline support through Medicaid, Medicaid beneficiaries would lose communication with their health plans and access to these case management programs. Additionally, our health plans would experience

significant disruption in the care and monitoring of this particularly transient population, contravening the principles by which the Lifeline program was enacted: to ensure that telecommunications and information services are available to meet the critical needs of the most vulnerable, low-income members of society.

Replacing Medicaid Eligibility with Supplemental Nutritional Assistance Program (SNAP) Eligibility: MHPA recognizes the importance of streamlining the eligibility process to reduce administrative costs resulting from the implementation of the program. However, eliminating Medicaid eligibility among the broader list of eligibility criteria for Lifeline phones and replacing it with SNAP eligibility fails to properly recognize the unique population covered by the Medicaid program. The Medicaid programs provides medical and pharmacy benefits for the Nation's most vulnerable low-income individuals and families, including the aged, blind, and disabled, pregnant women, medically frail, and children. While SNAP provides food security for low-income households, it does not provide targeted benefits to those individuals and families who have the same intensive health needs and chronic conditions and are covered by Medicaid. It is precisely this vulnerable, high-health need population that benefits tremendously from the case management programs provided by Medicaid MCOs through the Lifeline phone program.

Furthermore, while SNAP is often a good proxy to determine eligibility for the Medicaid program, relying on SNAP and excluding Medicaid eligibility for the Lifeline program would fail to account for the difference in eligibility between the two programs. In the 29 Medicaid expansion states alone, Medicaid eligibility is 138 percent of the federal poverty level (FPL) and all 50 states and DC have income eligibility above 138 percent FPL for pregnant women. Furthermore, among households eligible for SNAP, only 75 percent are likely to be financially eligible for Medicaid.¹ This does not guarantee that they are in fact enrolled in Medicaid nor does it account for the individuals who are enrolled in Medicaid and not financial eligible for or enrolled in SNAP. The difference in enrollment between the two federal programs could mean millions of beneficiaries losing access to Lifeline phones. In fact, one Lifeline provider working closely with Medicaid MCOs provides Lifeline phones to over 920,000 Medicaid beneficiaries. This would leave our most vulnerable individuals with expansive health needs without a means of communicating with providers, plans, and care coordinators.

Medicaid Eligibility for the Lifeline Program: MHPA believes that the inclusion of Medicaid eligibility among the eligibility criteria demonstrates the Commission's adherence to the statutory principles guiding the development and implementation of the Lifeline program. Under the support of the Lifeline program, Medicaid MCOs are able to offer their beneficiaries access to free cell phones and phone service at no cost to the health plans or beneficiary. Once the State Medicaid agency provides Medicaid MCOs with information about an individual's Medicaid eligibility, the names of individuals are crosschecked against the National Lifeline Accountability Database

¹ Center for Budget and Policy Priorities. (2013). "A Technical Assessment of SNAP and Medicaid Financial Eligibility Under the Affordable Care Act (ACA)." Retrieved from <http://www.cbpp.org/research/food-assistance/a-technical-assessment-of-snap-and-medicaid-financial-eligibility-under-the>.

(NLAD) to ensure that the household does not currently have a Lifeline phone. Once a household is determined eligible, a Lifeline provider mails a letter to the Medicaid beneficiary on behalf of the MCO and covers the mailing costs and manages the enrollment process. Medicaid beneficiaries receive 350 minutes per month, free calls to the health plan's Member Services, and free unlimited text messages.

The Role of the Lifeline Program in Medicaid Managed Care: Access to a phone and phone service is critical to the Medicaid population, as Medicaid beneficiaries often do not have access to a landline or cell phone and are very transient, making care for individuals with disabilities and chronic conditions difficult to manage. In fact, it is often difficult for Medicaid MCOs to gather initial accurate and timely information about a Medicaid beneficiary's primary residence, information vital to identifying in-network primary care providers, specialists, and facilities in the vicinity of the beneficiary. Lifeline phones provide Medicaid MCOs with the opportunity to engage with Medicaid beneficiaries for the first time, allowing them to overcome the startup costs associated with integrating a beneficiary within a managed environment and initiating care coordination and case management.

Additionally, the provision of a Lifeline phone and phone service grants Medicaid beneficiaries the opportunity to maintain close contact with Member Services, care coordinators, case managers, and emergency nurse hotline services. Medicaid beneficiaries are also able to book transportation to and from appointments and, combined with robust care coordination, are able to maintain appointments with primary care providers and specialists, avoiding costly penalties for missed appointments borne by the State Medicaid agency. This communication between health plans and Medicaid beneficiaries is critical to improving quality of care and patient outcomes, maintaining chronic conditions, and improving treatment and medication adherence while reducing the cost of care associated with this population. If Medicaid beneficiaries lose eligibility for Lifeline phones, access to health services and communications with health plans will be lost, negatively impacting patient outcomes and retention in Medicaid MCOs. Furthermore, disruptions in care will result in non-compliance with regular provider visits and treatments and increase emergency department (ED) visits, increasing the cost of care for Medicaid beneficiaries for States.

Digital Health Programs Available to Medicaid Beneficiaries as a Result of the Lifeline Program: Several of our member organizations utilize evidence-based digital health programs (e.g., Text4baby, Text4kids, Text4health, Care4life, and Text2quit) through vendors who are partnered with Lifeline providers. These programs are essential to the case management of Medicaid beneficiaries who are pregnant, have small children, diabetes, or smoke cigarettes. Through these digital health programs, Medicaid beneficiaries receive health plan communications (e.g., re-enrollment or eligibility redetermination information, service and benefits information, incentives) and health messages via text, including:

- Screening, appointment, and immunization reminders;
- Medication and treatment adherence support;
- Urgent health alerts sent by State public health officials; and

- Education on nutrition and physical activity.

These digital health programs have a significant impact on patient outcomes. In a randomized pilot evaluation study of pregnant women living in Fairfax County, VA, researchers found that mothers enrolled in Text4baby, a digital health program for pregnant women and new mothers, were less likely to consume alcoholic beverages while pregnant, more likely to consume three or more servings of fruit per day, and felt more prepared to become a new mother.² Another study examining pregnant women enrolled in Text4baby found that mothers were twice as likely to report flu vaccinations after receiving text reminders.³ These healthy behaviors and attitudes are critical to successful birth outcomes and healthy infants.

Furthermore, an analysis of claims data provided by HealthPlus Amerigroup (a wholly-owned subsidiary of Anthem, Inc.) found that Medicaid beneficiaries enrolled in Text4health, a digital program tailored for adult health, were three times more likely to attend an annual wellness visit or physical within 90 days of receiving a text reminder.⁴ Another analysis of claims data provided by Gateway Health found that enrollment in Care4Life, a digital health program targeting individuals with diabetes, is associated with improved health outcomes and daily management of Medicaid beneficiaries with diabetes, including improved glucose levels and medication adherence. Without the combination of access to Lifeline phones and these digital health programs, Medicaid MCOs face great difficulty in coordinating care and performing case management for Medicaid beneficiaries who otherwise would not have consistent access to telephone services.

MHPA applauds the FCC for attempting to coordinate Lifeline enrollment with other government benefit programs that qualify low-income individuals for federal benefit programs. To this end, retaining Medicaid eligibility among the criteria for eligibility for Lifeline phones is essential. As you work to finalize this proposed rule, MHPA and our member health plans would serve as a valuable consultant in the development of eligibility criteria that fulfill the spirit of the statutory directive. We look forward to working with you to ensure that Medicaid beneficiaries continue to have access to patient-centered care, robust care coordination, and evidence-based health management.

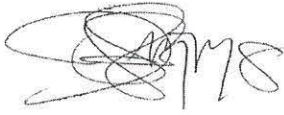
² Evans, W. D., Wallace, J. L., & Snider, J. (2012). Pilot Evaluation of the Text4baby Mobile Health Program. *BioMed Central Public Health*, 12(1031), pp.1-10. Retrieved from www.ncbi.nlm.nih.gov/pmc/articles/PMC3570294/pdf/1471-2458-12-1031.pdf.

³ Jordan, E. T., Bushar, J. A., Kendrick, J. S., Johnson, P., & Wang, J. (2015). Encouraging Influenza Vaccination Among Text4baby Pregnant Women and Mothers. *American Journal of Preventive Medicine*. Published online July 29, 2015. Retrieved from [www.ajpmonline.org/article/S0749-3793\(15\)00213-5/pdf](http://www.ajpmonline.org/article/S0749-3793(15)00213-5/pdf).

⁴ Voxiva. (2015). More than 36,000 HealthPlus Amerigroup Members Improve Health Outcomes Through Voxiva's Connect4health Mobile Phone Messages [Press Release]. Retrieved from <http://www.voxiva.com/index.php/about/news/121-over-36-000-healthplus-americgroup-members-improve-health-outcomes-through-voxiva-s-connect4health-mobile-phone-messages-text-reminders-have-increased-members-annual-physical-visits-by-two-times-in-new-york>.

Thank you for your consideration for our comments. If you have any questions, please contact me at jmyers@mhpa.org or (202)-857-5720.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Myers", with a large, stylized "M" and "Y" that loop back.

Jeff Myers
President and CEO